

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>Am. Bureau</i>		07-50-C1
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	A.S	943	1-7-2
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral) Canceled A Appeal
 - Restricted O Objected

Claim	Date
Final	
Original	3/10/02
1	9/23/02
2	5/1/03
3	11/3/03
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27	
28	✓
29	N
30	✓
31	✓
32	N
33	✓
34	N
35	✓
36	✓
37	✓
38	✓
39	✓
40	✓
41	✓
42	✓
43	N
44	N
45	✓ A A
46	✓ =
47	✓ A A
48	N N N
49	✓ A A
50	✓ A A

Claim	Date
Final	
Original	9/23/02
51	✓ N N
52	✓ N N
53	✓ N N
54	✓ = =
55	✓ = =
56	✓ = =
57	✓ = =
58	✓ = =
59	✓ = =
60	✓ A A
61	✓ A A
62	N N N
63	N N N
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Claim	Date
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If more than 150 claims or 10 actions
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